

TO: State of Tennessee Real Estate Asset Management
William R. Snodgrass / Tennessee Tower
3rd Floor, 312 Rosa L. Parks Avenue
Attn: Nickie Smith Herren
RFP.coordinator@tn.gov

LEASE PROPOSAL FORM

Agency, Office Name:	Department of Children's Services
Principal Use Office/Warehouse/Other:	Office
Transaction Number:	TR. 17-12-902

I hereby offer to lease space to the State of Tennessee the space offered is identified and described as follows
(Address of proposed space should be the 911 Emergency Address):

Name of Building: _____

911 Street Address: _____

City: _____ Zip Code: _____

Building is located on:

Assessor's Map #: _____ and Parcel #: _____

Deed to this property is registered in:

County: _____ Deed Book #: _____ Page: _____

(This information may be obtained at the County Register's Office and/or Tax Assessor's Office)

Owner's Name:

Owner's Address:

Owner's Form of Business: _____

Owner's Telephone Number: _____

Owner's E-Mail: _____

	Offered	Alternates Proposed
Parking Requirements	<p><i>REQUIRED MINIMUM: Paved, lighted, striped and free parking for a minimum of 152 spaces. (116 spaces for staff and 36 general spaces for visitors.) The parking provided shall include handicap parking to meet the relevant code requirements. Preference for employee parking separate from general parking. Staff parking area must be safe, secure with direct access to building, and requires 24 hour access. Entirety of staff parking to be gated or fenced, well lit, and access secured by card, fob, code, or otherwise.</i></p> <p>_____ Spaces</p> <p>Describe (reserved, unreserved, fenced, etc):</p> <p>_____</p>	
Usable & Rentable Contiguous Square Footage	<p>_____ USF</p> <p>_____ RSF</p>	

	Offered	Alternates Proposed
Special Buildout or Other Specifications		
Term Length		
Commencement Date		
Termination Options		
Rent/SF	Annual Rental rate: _____ Monthly Rental rate: _____ Rental rate per square foot: _____ What is included in rental rate? _____	

	Offered	Alternates Proposed
Utility, Services and Other Costs		

1. I, the proposer, acknowledge by my signature that:
 - a. I have received, read and understand the Lease Proposal Request and Pro Forma Lease;
 - b. That my lease proposal is made in accordance therewith or that any exceptions to the terms, conditions and specifications are fully stated below or included in a redlined Pro Forma Lease. All

exceptions, including those to Exhibit D, must be stated clearly and precisely. (If additional space is required, please attach additional page and refer to Item 1.b.);

<div></div>

- c. I understand the terms and conditions set forth those desired by the State;
- d. I understand the State reserves the right to reject any and all proposals and to waive any informality in any proposal;
- e. I understand all applicable codes must be complied with in the State's space or as required for access to or use of State space;
- f. I will hold my lease proposal open for a period of one hundred twenty calendar days from the date of *the proposal submittal deadline*;
- g. *I will enter into and execute a lease, if offered, on the basis of this lease proposal and complete and sign a Supplier Direct Deposit Authorization Form and IRS W-9 Form in accordance with section 2 of Exhibit A of the Pro Forma Lease.*
- h. I will permit the State to audit the proposed net rentable area to verify the accuracy of the submitted floor plan.
- i. I understand buildout services may be required if I am the successful proposer and that my design team will work with a Real Estate Asset Management Facilities Planner prior to any expenditure for these services in accordance with section 20 of the Exhibit A of the Pro Forma Lease.
- j. I understand that I will be required to provide a CADD File of the proposed space within 30 days of the lease execution.

2. As required by T.C.A. Section 12-2-114, the names of any and all persons financially interested in the lease are as follows:

Name: _____

Telephone Number: _____

Address: _____

City, ST, Zip: _____

Name: _____

Telephone Number: _____

Address: _____

City, ST, Zip: _____

Name: _____

Telephone Number: _____

Address: _____

City, ST, Zip: _____

Name: _____

Telephone Number: _____

Address: _____

City, ST, Zip: _____

3. As required the following attachments are submitted with and made a part of this lease proposal:

- ☐ Floor Plan of space proposed (1/8" = 1 foot scale)
- ☐ Photographs of the building and site
- ☐ Utility and telecommunication service information
- ☐ Site location map

4. Proposers are further encouraged to submit any other supporting materials such as plans, maps, photos, etc. which they feel might be useful to the State in understanding and evaluating their proposal.
5. Proposal must be signed by a person or persons authorized to bind the Owner to a contract. Failure to complete this Lease Proposal Form may be cause for rejection of the lease proposal.
6. Conflict of Interest Disclosure: By signing below, the Proposer acknowledges, understands, and agrees that any lease shall be null and void if the Proposer or Owner is, or within the past six months has been, an employee of the State of Tennessee or if the Proposer or Owner is an entity in which a controlling interest is held by an individual who is, or within the past six months has been, an employee of the State of Tennessee.

Name & Title of Proposer:

Proposer's Address:

Form of Business: _____

Proposer's Telephone Number: _____

Proposer's Fax Number: _____

Proposer's E-Mail: _____

Signature of Proposer: _____

Date: _____

8. Conflict of Interest Disclosure

The Proposer acknowledges, understands, and agrees that any lease shall be null and void if the Proposer is, or within the past six months has been, an employee of the State of Tennessee or if the Proposer is an entity in which a controlling interest is held by an individual who is, or within the past six months has been, an employee of the State of Tennessee.

SIGNATURE

DATE

PRINTED NAME